APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

BAL HARBOUR VILLAGE RECEIVED

2018 APR 17 PM 8: 22

NOTE: This form must be on file with the qualifying officer before opening the campaign account.		ifying					OFFICE	USE O	NLY
1. CHECK APPROPRIATE BOX(ES):									
	filing to Change:	☐ Tre	easurei	/Deputy] Deposito	ry 🗌	Office	□ F	⊃arty
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip					р				
GABRIEL GROBMAN			191 BAL BAY DR. BAL MARBOUR, FL 33154						
4. Telephone 5. E-ma	il address		R	AT MAR	ROOD E	1 3	3154		
(305)323-5900 GROISM	LANEGMAIL.C	OM		ne mane	Decite, 1		3151		
6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if					if				
COUNCILMAN DIST. 5			applicable: My intent is to run as a Write-In candidate.						
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a									
Write-In No Party Affiliation Party candidate.									
9. I have appointed the following p	person to act as	my [Ca	mpaign Trea	surer	Deput	y Treasure	1	
10. Name of Treasurer or Deputy Tre									
CABRIEL GRO	SMAN								
11. Mailing Address						12. Telep	ohone		
191 BAL BAY 3 13. City 14. Co	DRIVE					(3%)	323-59	100	
13. City 14. Co	ounty	15. State		6. Zip Code	17. E-mail				
BAL MARBOUR DA	DE	FL		33154	4/101	SMANE	6MAI	L.Co	М
18. I have designated the following	g bank as my		Prim	ary Deposito	ту 🔲	Seconda	ry Deposito	ory	
19. Name of Bank		2	20. Address 9525 HARDING AUE 23. State 24. Zip Code FL 33159						
CITI BANK			7	525 H	ARDING	Aut	>		
21. City SURPSIDE	22. County			23. State	,		24. Zip Co	ide	
JOINES 108	DAJE		STORES FOR	T			3319	, 7	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.									
25. Date			26. Signature of Candidate						
4-17-18			X /a						
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)									
I, CABLIEL GIOSMAN , do hereby accept the appointment									
(Please Print or Type Name)									
designated above as:									
4-17-18 X									
Date		S	ignatu	e of Campaig	gn Treasure	r or Depu	ty Treasure	r	

STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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١,	GABRIEL	GROISMAN

candidate for the office of CONGLIAN DISTRICT

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).